

## Property Loss/Damage Report

### EMPLOYEE INFORMATION

Employee Name:

Department:

Phone No:

Date & Time of Loss:

Address of Damaged Property:

### PROPERTY INFORMATION

Serial/Inventory No:

Value of Property:

Cost to repair damage(s):

Is Property Repairable?    Yes    No    Unknown

Description of Damaged Property:

### POLICE INFORMATION

Were police called:    Yes    No

Police Report No:

### COMMENTS

Please provide any supplemental information.

Printed Name:

Date:

Signature: